

Case Number:	CM15-0093894		
Date Assigned:	05/20/2015	Date of Injury:	03/17/2015
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 29-year-old male with an industrial injury dated 3/17/2015, which resulted in pain to the right hip and lower back. Diagnoses are lumbar sprain and strain, and contusion to right hip. The injured worker currently complains of constant pain and stiffness to his low back, right hip and groin, and left ankle pain due to his altered gait mechanics. On 4/21/15 the treating physician notes on physical exam that he walks with a normal gait and that examination reveals tenderness to palpation over the para-axial musculature of the lumbosacral spine and right sacroiliac joint, with spasticity. Range of motion of the spine is limited. Sensation over the L4, L5 and S1 nerve roots on the right is decreased. Straight leg raising is positive on the right at 50 degrees. Lasegue's sign is negative. X-rays of the right hip and pelvis done 5/14/15 were negative. An MRI dated 5/14/15 shows at L4-5; there is mild bilateral stenosis of the lateral recesses caused by 2-3 mm broad-based posterior disc bulging with mild-to-moderate bilateral ligamentous thickening and mild bilateral facet prominence. Equivocal potential exists for symptomatic impingement upon the descending left and right L5 nerve roots. Treatment has been physical therapy, muscle relaxant and non-steroidal anti-inflammatory medications. The number of physical therapy visits completed to date was unclear. A physician progress report notes on 3/30/15 that he is improving slower than expected. Treatment will consist of physical therapy 2 times a week for 6 weeks and symptomatic medications. Prescriptions were written for Ibuprofen and Soma. Most current work status documented on 4/21/ 15 is that he remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Additional Supervised Physical Therapy Sessions During 6 Weeks for Lower Back and Right Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe and sub-acute low back pain conditions, 8 to 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient has completed sessions physical therapy sessions. There is no documentation indicating the number of sessions completed or of any defined functional improvement in his condition. There is no specific indication for the requested additional PT sessions. Medical necessity for the requested item has not been established. The requested item is not medically necessary.